

# NH Project FIRST



## A Year in Review 2019

First responders Initiating Recovery, Support & Treatment



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# **2019 Project FIRST | A Year in Review**

**Federal Fiscal Year Ending September 29, 2019**

**SAMHSA-Projects of Regional & National Significance**

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**Fain: H79SP080286**



**New Hampshire Department of Safety  
Division of Fire Standards & Training &  
Emergency Medical Services**

The NH Project FIRST program team thanks the program Advisory Committee for their work in helping us develop, implement, and improve our program. The team expresses its gratitude to program staff in the communities of Concord, Dunbarton, Epping, Hooksett, Laconia, and Salem for embarking on this program, contributing to the development of this report, and to their continued dedication and support of our program.

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## Executive Summary

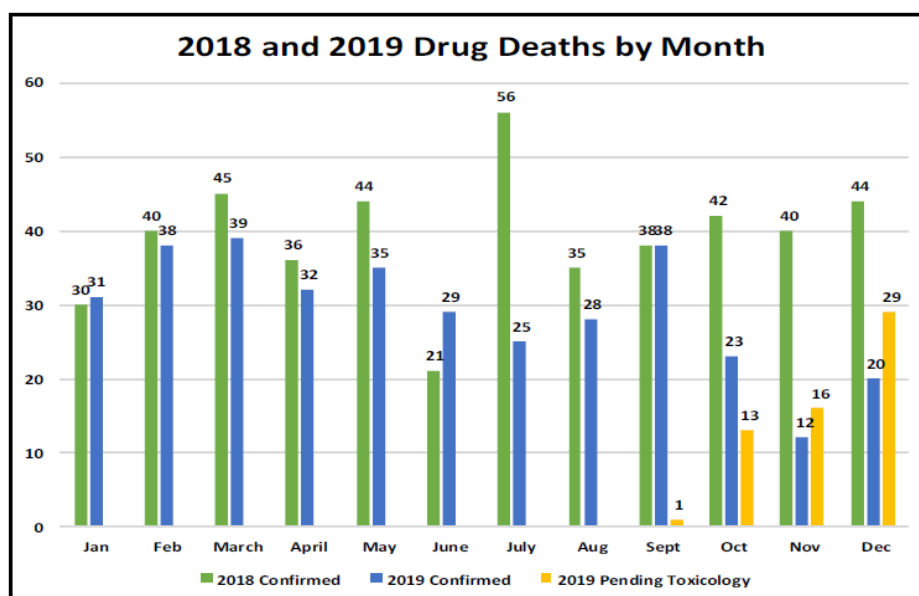
The mission of the Department of Safety Division of Fire Standards and Training and Emergency Medical Services states that our community and emergency responders are committed to “protecting the citizens and visitors of New Hampshire”. With opioid use disorder reaching epidemic proportions in the state, the Division recognized a need and opportunity for first responders to intervene beyond naloxone administration. Recovery and treatment services and community supports are available in the state, but there are barriers to accessing them and capacity has not matched the need for services. Perceived and actual experience with stigma associated with substance misuse also remains a significant barrier, causing those that want help to not seek it.

NH Project FIRST (First responders Initiating Recovery, Support, and Treatment) empowers first responders to extend their services to help community residents make vital connections, not only for at-risk individuals, but also for the family and friends that support them. First responders have a unique opportunity to intervene when responding to calls relating to substance misuse – they are privy to an individual’s personal circumstances and support networks and can identify needs, provide lifesaving training, and make valuable connections to resources in real-time. First responder agencies that participate in NH Project FIRST reduce gaps in health care services through an understanding of the relapsing, reoccurring nature of opioid use disorder and a collaboration between first responders, recovery and treatment agencies, families and support networks, and other community stakeholders. One team. One response. A community link to hope and recovery.

## Introduction

Since 2014, New Hampshire has been on the forefront of the opioid epidemic. The escalation of prescription and illicit opioid misuse has overwhelmed community and state systems of care, from emergency medical responders, law enforcement, and emergency departments, to recovery and treatment services.

Over the past 6 years, the state has implemented a multi-faceted approach to combat the epidemic. Despite these efforts, New Hampshire remains among the top 5 states for opioid overdose deaths ([National Institute on Drug Abuse, 2019](#))<sup>1</sup>. The state had 350 confirmed deaths in 2019 caused by opioids and other drugs, with another 59 deaths pending toxicology results ([NH Office of the Chief Medical Examiner, 2020](#))<sup>2</sup>.



New Hampshire Office of Chief Medical Examiner

In 2019, Strafford County had the highest incidence of suspected drug use resulting in overdose deaths at 3.44 deaths per 10,000 population followed by Hillsborough County at 3.06

<sup>1</sup> National Institute on Drug Abuse. (2020, April). *New Hampshire: Opioid-Involved Deaths and Related Harm*. <https://www.drugabuse.gov/opioid-summaries-by-state/new-hampshire-opioid-summary>

<sup>2</sup> New Hampshire Department of Justice. (2020, February 20). *Drug Death Data*. <https://www.doj.nh.gov/medical-examiner/documents/drug-data-update.pdf>

deaths per 10,000 population ([New Hampshire Information Analysis Center, 2020](#))<sup>3</sup>. Also of concern are the number of opioid overdoses as an overdose can result in an overdose death. New Hampshire opioid overdoses, measured using emergency medical services (EMS) Narcan (naloxone) administration data, show 1,966 incidents of EMS naloxone administrations in 2019. In 2019, Hillsborough County had the highest number of EMS naloxone administrations (778) followed by Rockingham County (320) ([New Hampshire Information Analysis Center, 2020](#))<sup>4</sup>. The number of opioid overdoses reversed using naloxone is likely higher due to increased public naloxone administration. Like an automated external defibrillator (AED), naloxone is a tool that can save lives, giving individuals opportunities to connect to the road of recovery.

The effects of the opioid epidemic extend beyond individuals with opioid use disorder (OUD) and into society; most people know someone affected by the opioid epidemic. No longer contained to urban cities, the epidemic has encroached on rural communities and affects all socioeconomic spheres. No town or city is immune from this public health crisis.

## Program Overview

NH Project FIRST is a program developed and implemented by the New Hampshire Division of Fire Standards and Training and Emergency Medical Services (Division). The program is funded through a four-year Substance Abuse & Mental Health Services Administration (SAMHSA) First Responder-Comprehensive Addiction & Recovery Act (FR-CARA) grant, awarded to the NH Department of Safety in September 2017. A statewide initiative, NH Project FIRST promotes the understanding of Substance Use Disorder (SUD), and Opioid Use Disorder (OUD) in particular, as a chronic, relapsing disease process. The program also enhances providers' familiarity with recovery and treatment services that are available so they can facilitate the referral process. First responders participating in NH Project FIRST provide training, naloxone kits, and state and local recovery and treatment resources to at-risk individuals and their support networks.

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<sup>3</sup> New Hampshire Drug Monitoring Initiative. (2020, April 11). *2019 Overview Report*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2019-overview.pdf>

<sup>4</sup> New Hampshire Drug Monitoring Initiative. (2020, April 11). *2019 Overview Report*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2019-overview.pdf>



Research into other state initiatives shaped the framework for NH Project FIRST. Quick response team models in Ohio and West Virginia suggested a program framework. These models use law enforcement, Fire/EMS, and a social services or recovery coach to encourage users to seek recovery. NH Project FIRST reflects SAMHSA's Recovery Support Strategic Initiative which aims to help individuals understand the process of recovery and ensures that proper supports are available to those who need and want them ([Substance Abuse and Mental Health Services Administration, 2019](#))<sup>5</sup>.

During the first year of the grant, the Division hired key program staff to develop and implement a comprehensive program to educate first responders on OUD and empower them to provide naloxone, training, and guidance toward recovery and support resources to their communities at large as well as directly to at-risk individuals and their support networks. Program staff researched current opioid use trends, intervention strategies and treatment modalities, recovery supports, and harm reduction models. The staff worked to develop a grant application process, program framework, training curriculum, evaluation tools, and promotional materials and template documents to prepare for NH Project FIRST implementation in communities. Since New Hampshire's first responder agencies vary in their certifications, resources, department call volume, and department type (i.e., paid/call/career/volunteer, etc.), there is no one-size-fits-all program model that works in all areas of the state; flexibility in project development and implementation was crucial. The NH Project FIRST framework is flexible. It consists of two main program options, a Mobile Integrated Healthcare Program (MIH) and a Naloxone Leave-Behind Initiative. As long as program goals and objectives are met, first responder agencies have flexibility in building community programs. Both NH Project FIRST program options are discussed later in this report.

A multi-disciplined program advisory committee was convened to review research and guide program strategy, development, implementation, and evaluation initiatives. These stakeholders brought expertise and guidance to identify successes, barriers, and challenges found with existing community activities and other program initiatives in and outside of New Hampshire. This collaboration also brought forth opportunities to increase program capacity, a key element of

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<sup>5</sup> Substance Abuse and Mental Health Service Administration. (2019, June). *A Guide to SAMHSA's Strategic Prevention Framework*. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

SAMHSA’s Strategic Prevention Framework model. Collaboration was crucial in the establishment of a continuous quality improvement plan that ensured that all program processes and initiatives were relevant and timely for first responders implementing NH Project FIRST in their communities. The committee reviewed our training curriculum and provided OUD and behavioral health feedback and information on the existing recovery and treatment programs. Other feedback included information to ensure that the program conformed to Culturally and Linguistically Appropriate Services (CLAS) standards, feedback on program grading rubrics, grant guidance documents, and marketing templates (brochures, fliers, etc.).

## 2019 Goals & Objectives

NH Project FIRST aims to reduce opioid overdoses and opioid overdose deaths using a multi-faceted approach that includes education, training, and the delivery of naloxone kits and recovery and treatment resources directly into the hands of those that need them. High level program goals include (See Appendix 1 for detailed goals)

- Educate first responders on Opioid Use Disorder and the Doorway-NH point of entry referral to recovery and treatment services;
- Increase first responder access to naloxone;
- Increase the number of first responders, at-risk individuals, and support networks trained to administer naloxone;
- Increase access to naloxone in communities through distribution via first responders to at-risk individuals and support networks.

Six communities implemented NH Project FIRST early in 2019 - Concord, Dunbarton, Epping, Hooksett, Laconia, and Salem. The Epping program is a regional program, covering 19 communities in the southeast part of the state. Plymouth received OUD training and began their NH Project FIRST program in October of 2019. Chester, Dover, Hampton, and Portsmouth received OUD training, and at the end of 2019, were awaiting Governor and Executive Council approval for their NH Project FIRST programs. These agencies, and others, will be implemented in the 2020 grant cycle.

Manchester and Nashua, the two most populated cities in the state, are covered by the Safe Station program. Safe Station allows at-risk individuals to walk into either city’s fire stations to

seek help for substance misuse. At-risk individuals seeking help through Safe Station are medically assessed and transported to a hospital if needed. At-risk individuals that are medically stable talk with trained EMS providers and if requested, are provided transportation to a recovery and treatment agency for further assessment. While Safe Station is not part of the NH Project FIRST program, it represents additional at-risk populations connected to the road of recovery in New Hampshire by first responders. In 2019, 16% of New Hampshire residents were served by NH Project FIRST and 15% by the Safe Station programs.

Each of the 6 approved communities developed a NH Project FIRST framework consisting of procedures to train personnel, a plan to collect required data, and planned program initiatives. Three communities (Concord, Epping, and Salem) are conducting training and follow-up visits with at-risk individuals and their support networks, and providing subsequent visits to promote recovery and treatment to identified at-risk individuals. All 6 agencies provided training, naloxone, and recovery and treatment resources to at-risk individuals and their support networks. They have also held community events to promote their programs, identified key support networks, and engaged their constituents in NH Project FIRST initiatives. Specific program information for each community is forthcoming in this report.

## Why First Responders?



First responders have a unique window of opportunity to intervene when responding to a call involving drugs or alcohol. Public perception holds that first responders are helpful and trusted. Patients and their families let first responders into their homes where they gain insight into living conditions and personal lives, often times seeing patients, families, and

support networks at their most vulnerable moments. This puts first responders in a unique

position to counsel patients and their support networks on available recovery and treatment options and motivate them toward recovery.

Key to this project was empowering first responders to conduct follow-up visits and train at-risk individuals and their support networks on cardiopulmonary resuscitation, the Good Samaritan law, and naloxone administration. During visits, first responders assess needs, distribute emergency opioid overdose kits, share information on recovery, treatment, and support services with at-risk individuals and their support networks, and provide connections to the Doorway-NH. Additionally, the program enabled first responder agencies to conduct community events and coordinate with local and state resources to promote OUD and NH Project FIRST awareness.

At-risk individuals and their support networks may be afraid to ask for help because of the stigma associated with addiction. Individuals affected by substance misuse have perceived and actual experience with stigma from a variety of sources, including themselves, which can jeopardize their success in recovery ([Crapazano, Hammarlund, Ahmad, Hunsinger, & Kullar, 2018](#))<sup>6</sup>. Individuals with OUD may feel disenfranchised and have few social or community interactions unrelated to drug use. Family and friends of those affected by OUD may also not know where to turn for help.

First responders help these individuals make vital connections within their communities and to the road of recovery. As the ‘boots on the ground’, first responders meet people where they are, in their chosen environment.

First responders can assist in making critical connections so that interested at-risk people and their support networks can identify the road to recovery.

## Training

The National Registry of Emergency Medical Technicians (NREMT) is a national organization that certifies EMS providers in many states, including New Hampshire. Under the NREMT curriculum for initial Emergency Medical Technician (EMT) training, students receive

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<sup>6</sup> Crapazano, K., Hammarlund, R, Ahmad, B., Hunsinger, N., & Kullar, R. (2018, December 27). *The association between perceived stigma and substance use disorder treatment outcomes: a review*. <https://www.ncbi.nlm.nih.gov/pubmed/30643480>

basic information on how to assess patients experiencing toxicological emergencies ([National Registry of Emergency Medical Technicians National Continued Competency Program, 2016](#))<sup>7</sup>.

Under the NREMT National Continued Competency Program (NCCP), EMS providers must take continuing education classes to recertify their provider license every two years.

To recertify, EMS providers must complete continuing education in many broad topic areas. While toxicology/opioids is an NCCP subtopic, this training is one of nine medical subtopics to choose from and is not required. NH Project FIRST program staff realized that in order to implement NH Project FIRST, first responders needed additional training.

In 2019, the Division released a robust opioid use disorder course called ‘OUD in the 603’ (603 is the telephone area code for the entire state). This class explores the pathophysiology of OUD and examines opioid use as a chronic, relapsing brain disorder. The class also trains first responders on topics such as Good Samaritan laws and compassion fatigue. Additionally, first responders learn how to conduct follow-up visits and increase their interactions on calls to meet program goals and objectives.

Training also includes an introduction to a new system of care called the Doorway-NH (Doorway) treatment system, which began operation in New Hampshire January 1, 2019. The Doorway is a hub-and-spoke system consisting of nine treatment and recovery hubs strategically placed throughout the state. Individuals seeking help for substance misuse can visit any of the Doorway hubs, receive a clinical assessment, and work with clinicians to establish a recovery and treatment plan.



<sup>7</sup> National Registry of Emergency Medical Technicians. (2016, October 1). *National Continued Competency Program EMT Education Update*. <https://content.nremt.org/static/documents/NCCP%202016%20EMT%20Education%20Update.pdf?v=1>

One of the objectives of the NH Project FIRST program was to educate 350 first responders to be better educated to respond to opioid overdoses. This was accomplished between the OUD in the 603 training and compassion fatigue training. Additionally, 20 first responders were trained to become recovery coaches through Recovery Coach Academy. This highly intensive curriculum focuses on providing first responders with the skills needed to guide, mentor, and support anyone they interact with who is at-risk and wants to enter into or begin recovery.

## Overview of OUD in the 603

In 2019, 250 first responders participated in the OUD in the 603 training. Core curriculum for this training includes

- education that focuses on the specific areas and functions of the brain that are impacted by repeated opioid use;
- examples of the progression from initial use to addiction;
- risk factors including trauma resulting from Adverse Childhood Experiences (ACES);
- an overview of recovery and treatment options, including the Doorways-NH structure and access points;
- information on Medication Assisted Treatment (MAT) programs and harm reduction strategies; and
- guidance on reducing stigma and compassion fatigue.

The goal in creating the curriculum was to give EMS, Fire and Law Enforcement personnel an understanding of substance and opioid use disorder as a reoccurring, relapsing disease process in order to alleviate some of the compassion fatigue they were experiencing in treating repeat patients with OUD.

The initial concept of the grant was to partner first responder agencies with local SUD treatment and recovery agencies to facilitate access to services, so an overview of the various types of recovery and treatment formats was added as well as guidance on interviewing patients in follow up meetings to determine appropriate referrals.

In January of 2019, Governor Sununu announced the Doorway-NH Program, part of New Hampshire's State Opioid Response (SOR) grant efforts, which established 2-1-1 as the entry point for services, designated nine access portals, and expanded Medication Assisted Treatment



(MAT) capacity around the state ([New Hampshire Department of Health and Human Services, 2018](#))<sup>8</sup>. The new Doorway initiative was incorporated into the NH Project FIRST program structure and curriculum.

Implementing the Doorway introduced new resources and relevant topics which were added to the OUD in the 603 curriculum to adhere to continuous quality improvement efforts.

**You are never alone and never far from help.  
If you or someone you know is experiencing an  
addiction-related crisis, call 211 now.**



**Wherever you live and wherever you are on your journey,  
The Doorway will connect you to the supports and services  
and the level of care that's right for you, including:**

- Screening and evaluation
- Treatment, including Medication Assisted Treatment
- Prevention, including naloxone
- Supports and services to assist in long-term recovery
- Peer recovery support services

**There are 9 hubs across New Hampshire. There is a Doorway near you:**

<p><b>Granite Pathways</b>, Nashua, Manchester</p> <p><b>Wentworth Douglas Hospital</b>, Dover</p> <p><b>Littleton Regional Healthcare</b>, Littleton</p>	<p><b>Riverbend</b>, Concord</p> <p><b>Cheshire Medical Center</b>, Keene</p> <p><b>Androscoggin Valley Hospital</b>, Berlin</p>
<p><b>Dartmouth Hitchcock Medical Center</b>, Lebanon</p> <p><b>Lakes Regional General Hospital</b>, Laconia</p>	

Additions to the curriculum included the risk and consequences of anoxic brain injury during an overdose, the increased risk of suicide among both patients and providers, and prevention

resources. Each time new material was added to the curriculum, all participant agencies were sent the revised presentation with notes and a revised lesson plan so that the agency coordinator could review the additions with participants.

In 2019, at the request of the agencies, three versions of the original OUD in the 603 training were developed. The first version is the complete program for agencies that implemented a mobile integrated healthcare plan, which expanded the normal scope of duties to enable first responders to conduct follow-up visits with individuals. This version of OUD in the 603 includes detailed segments on motivational interviewing and types of recovery and treatment available in New Hampshire.

The second version is a modified version, primarily meant for grantees of the Naloxone Leave-Behind initiative, geared toward agencies that will not be conducting follow-up visits with individuals who have experienced an overdose.

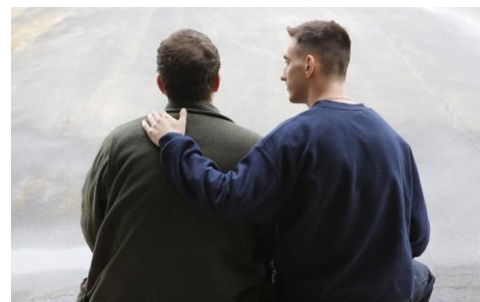
<sup>8</sup> New Hampshire Department of Health and Human Services. (2018, December 28). *Public Forums Announced to Introduce The Doorway-NH: Where help for Substance Use Disorder will be less than an hour away*. <https://www.dhhs.nh.gov/media/pr/2018/doorway.htm>

The third version is a community presentation that can be used by the provider agency to introduce the project in their service area. In 2020, these OUD in the 603 trainings may be recorded in a webinar format so they can be viewed on the Division's Continuing Education page for anyone to take at no charge.

## Stress in Emergency Services

The Stress in Emergency Services presentation, formally known as Compassion Fatigue, complements the OUD in the 603 lecture by exploring the signs and symptoms of stress and the effects on personal and professional performance. The class helps students recognize stress in themselves and others and provides information on self-care and resiliency. Initially, 'compassion fatigue' was thought of as the numbing of empathy experienced when responding to the same patient for the same medical issue; especially if the problem was caused by the patient's chosen behavior. However, recent research in occupational stress has defined compassion fatigue as a preoccupation with absorbing the trauma and emotional stresses of others, which creates secondary traumatic stress in the provider. It is a form of stress specific to those who work in 'helper' professions and can have serious mental, physical and occupational consequences (Cocker & Joss, 2016)<sup>9</sup>.

The curriculum developed refocused on the idea of stress in Emergency Services, beginning with a review of the data on first responder suicides, identifying the physical manifestations of stress as well as the emotional, cognitive, behavioral and psychological effects. Adaptive and maladaptive coping strategies, the myths, realities, and culture of emergency service occupations were each examined as contributing factors. Recommendations for self-assessment, personal care, peer support, and coping strategies as well as resources for assistance, were included.




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<sup>9</sup> Cocker, F., Joss, N. (2016, June 22). *Compassion Fatigue among Healthcare, Emergency and Community Service Workers: A Systematic Review*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924075/>



The Stress in Emergency Services training is an optional training module that is part of NH Project FIRST. The topic has proven so relevant that a Stress in Emergency Services e-learning module was developed in early 2019 as a resource for providers outside of the NH Project FIRST sites to take at no charge. Through federal fiscal year 2019, 222 first responders in New Hampshire and other states have taken the Stress in Emergency class in person or online.

## Recovery Coach Training

In early 2019, several of the organizations participating in the program inquired about the possibility of using grant funding to train first responders to be recovery coaches. The recovery coach certification is a one-week course focusing on providing individuals with the skills needed to guide, mentor and support anyone who wants to enter into or sustain long-term recovery from an addiction to alcohol or other drugs.

Recovery coaching is a strengths-based support for individuals with active substance misuse or those who are in recovery. Recovery coaches help at-risk individuals reach and maintain a solid foundation of recovery so they can attain other life goals. While recovery coaches do not provide primary treatment for substance misuse, they do provide support for positive change. They can assist at-risk individuals with substance use reduction or abstinence and can help reduce harms associated with substance misuse [\(Loveland & Boyle, 2005\)<sup>10</sup>](#).

The Division does not sponsor the recovery coach training. NH Project FIRST organizations identified commercial businesses that conduct this training at an expense to agencies. In April of 2019, several grantee agencies requested and received permission to use grant funds to pay for recovery coach training. To date, the grant provided training for 20 recovery coaches across the program's communities.

Thus far, the recovery coach training has proved a major success with Fire, EMS, and Law Enforcement personnel that have taken these courses. The classes provided first responders with a deeper understanding of opioid addiction intervention and recovery. They have also provided first responders with tools such as motivational interviewing to assist with meeting people where

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<sup>10</sup> Loveland, D. and Boyle, M. (2005, July 25). *Manual for Recovery Coach and Personal Recovery Plan Development*. <http://www.williamwhitepapers.com/pr/Recovery%20Coaching%20Manual%20Loveland%20%26%20Boyle%202005.pdf>

they are in their stage of change toward recovery. First responders can also help support networks engage and support at-risk individuals as they move through the recovery process. The training's easily accessible, already packaged module gives organizations a tool to better interact with at-risk populations during 9-1-1 calls and other interactions.

## Program Evaluation

Program evaluation is a critical component to NH Project FIRST program staff. Over the course of the first few years, the program team has identified key qualitative and quantitative data points to gauge program effectiveness and success. Early evaluation data is included in the Appendix 2, with more detailed evaluation slated during year three and year four.

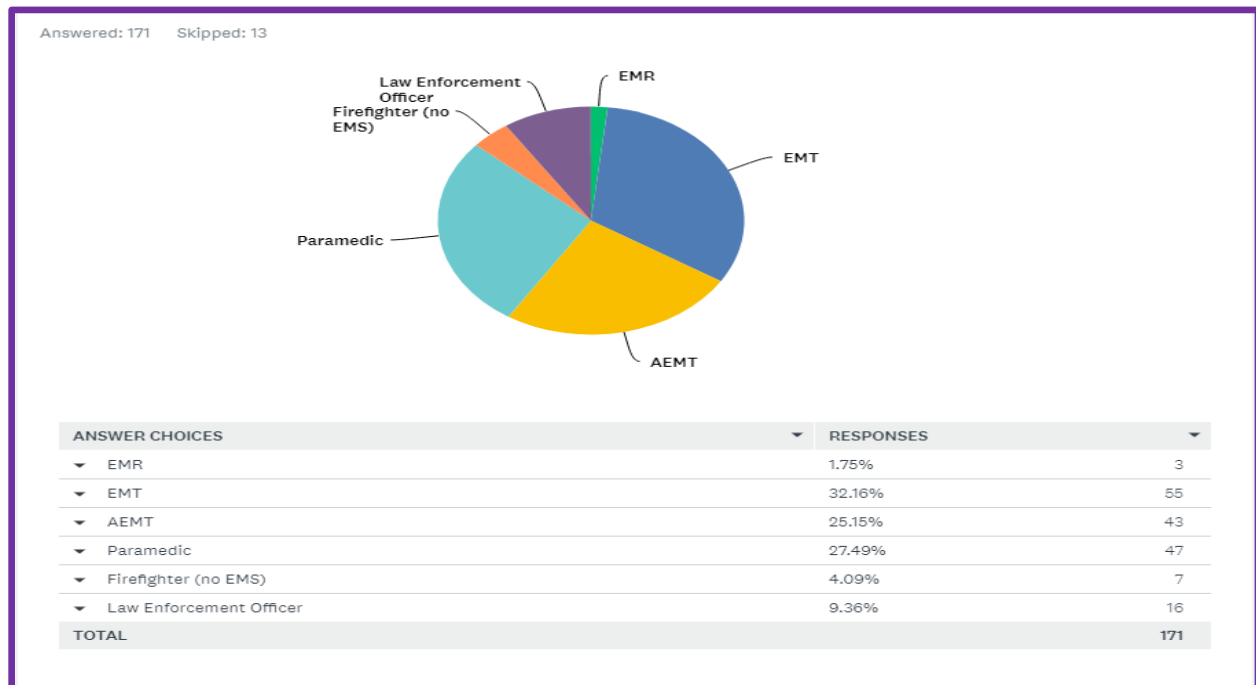
As part of the evaluation process for the OUD in the 603 presentation, each participant<sup>11</sup> completed a pre and post-test and a standard evaluation. Those who attended the Stress in Emergency Services presentations also completed evaluations. Additionally, first responders in Salem, Laconia, Concord, and Hooksett also completed a Professional Quality of Life (ProQOL) assessment to gauge compassion satisfaction vs. compassion fatigue before embarking on the NH Project FIRST program.

The ProQOL was administered to first responders in these departments 6 months after implementing the program to determine perceptions changes. Early evaluation data does not show a dramatic change in attitude as a result of the project initiatives. It does, however, demonstrate a fair degree of existing job satisfaction and resilience to the stresses of the current working environment. There has been a lot of emphasis on mental health support for first responders in the past three years, both nationally and locally, in recognition of the additional emotional burden brought by the opioid epidemic. This may have had a beneficial effect on the fire service that somewhat masks the specific effects of our project's interventions; a benefit, but a confounding factor from a data standpoint.

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<sup>11</sup> Occasionally, a fire/rescue call interrupted a class and some participants did not have an opportunity to complete the post-test or evaluation. This is an inevitable possibility when providing training to on-duty crews; we were fortunate that this did not happen often. If it was only two or three students, we did not pause the class, advising both participants and the coordinator during the introduction that the slide presentation with instructor notes would all be part of the materials provided. If a majority or the entire shift had to respond to an incident, a determination to pause or reschedule was made based on the nature of the call.

In grant years 1 & 2, 184 participants took the pre/post-test. Regarding the level of licensure of the respondent, 171 responses were received and the breakdown by type of first responder is as follows in *Figure 1*.



*Figure 1. What is your current level of NH EMS License?*

One question was designed to identify stigma. It read as follows:

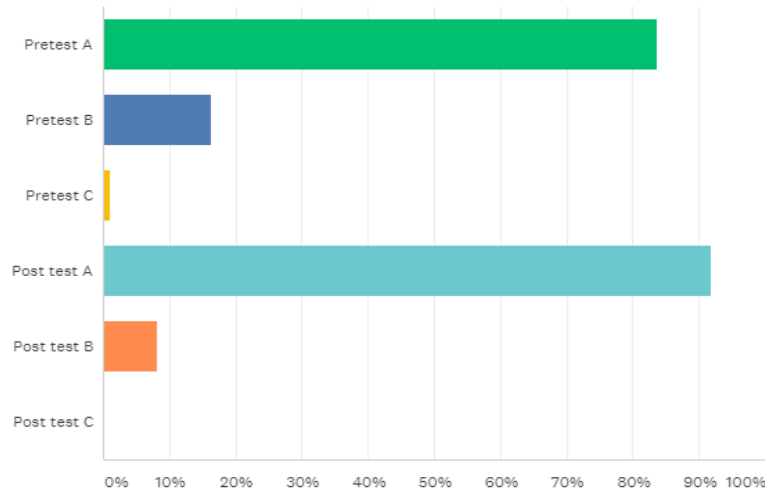
Opioid Used Disorder is a:

- Chronic reoccurring disease process
- Medical condition caused by poor decisions
- Disease that involves prescription medications only

On the pre-test, 16% of participants answered b, identifying a stigmatizing perception of OUD. On the post-test, that figure dropped to 8%, with 92% answering 'a', which aligned with the goal of the curriculum. See *Figure 2*.

Opioid Use Disorder is a A. Chronic reoccurring disease process B. Medical condition caused by poor decisions C. Disease that involves prescription medications only

Answered: 183 Skipped: 1



*Figure 2 Correct answer is 'A', OUD is a chronic reoccurring disease process.*

Several questions focused on evaluating provider familiarity with the sequelae of and treatment options for OUD, including signs/symptoms of withdrawal, co-occurrence with mental illness, commonly used medications in Medication Assisted Treatment, and types of treatment program. Although most respondents were generally well versed, the post-test responses show positive results for those who were not.

**Ex. 1.** Which of the following are NOT symptoms of acute withdrawal?

- a. Nausea/vomiting
- b. Diarrhea
- c. Muscle aches, abdominal cramps
- d. Sweating
- e. Rash

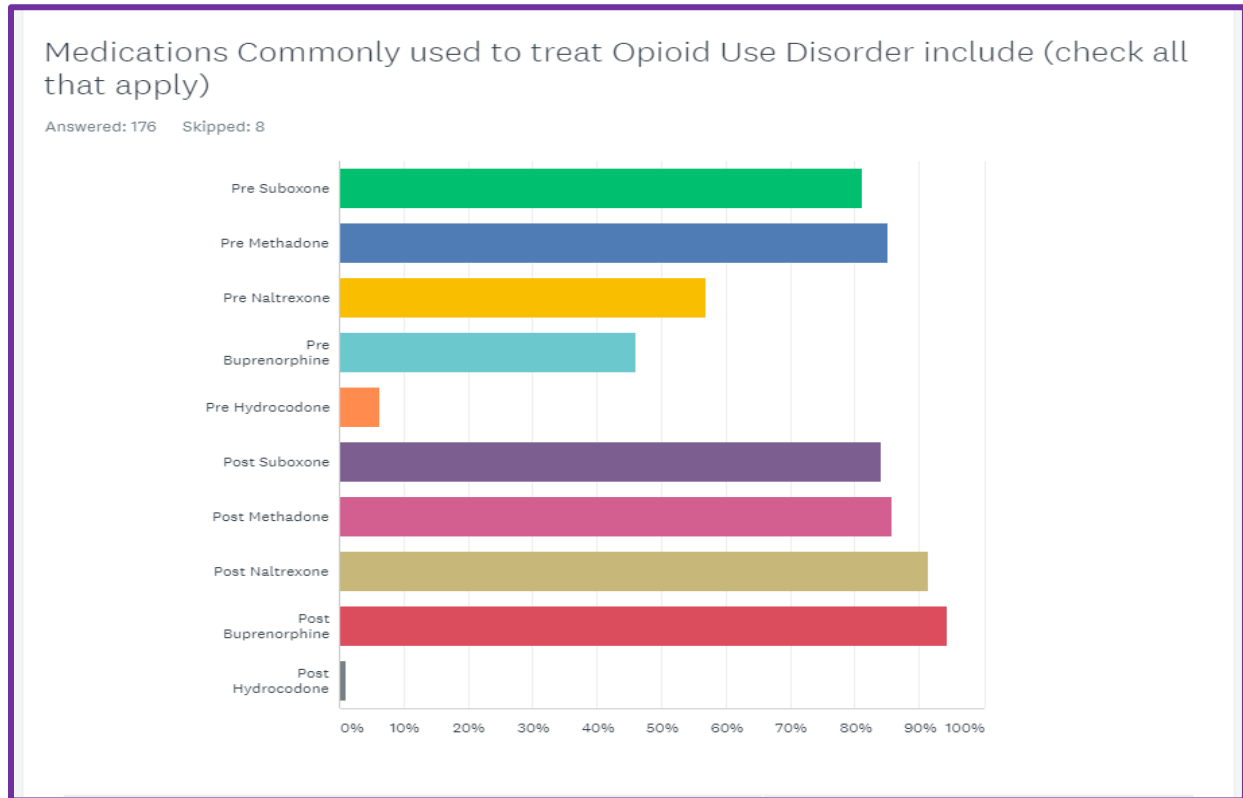
On the pre-test, 88% answered correctly (e); on the post-test, 99% answered correctly.

**Ex. 2.** Which of these is common to both mental illness and SUD?

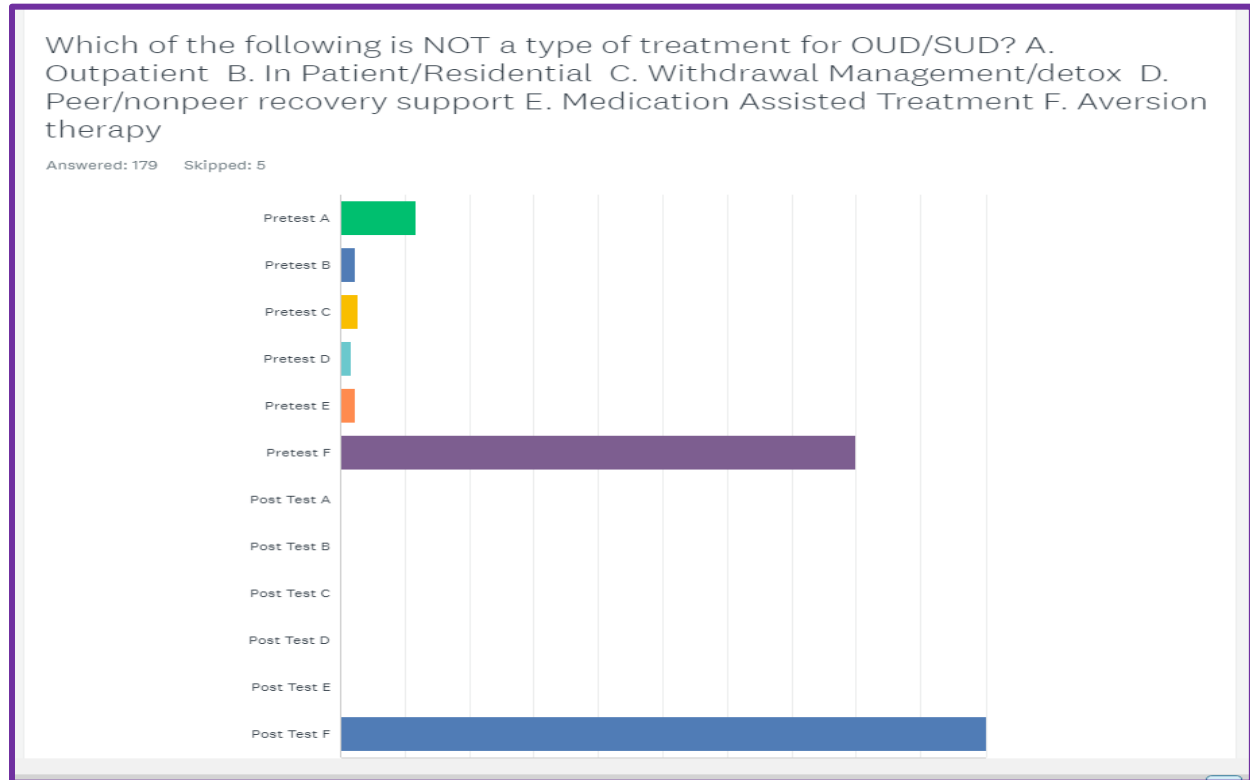
- a. Involves parts of the brain that determine impulse control, decision making, and emotional response
- b. Affects neurotransmitters like dopamine, serotonin, GABA, and norepinephrine

- c. Both
- d. Neither

Correct responses (c. Both) improved from 95% on the pre-test to 99% on the post-test.



*Figure 3. Correct responses (Suboxone, Methadone, Naltrexone and Buprenorphine) all increased from pre-test to post-test; incorrect answer (Hydrocodone) decreased.*



*Figure 4 Correct answer is 'F', aversion therapy is NOT a type of treatment for OUD/SUD.*

The ProQOL data will more specifically identify changes in the perception of stress or compassion fatigue, but there was one question on the pre/post-test to identify awareness of risk factors.

**Ex.3** Which of the following puts first responders at risk for compassion fatigue due to vicarious traumatization?

- Their own trauma history
- Pre-existing psychological disorder or mental illness (anxiety, depression, etc.)
- Young age/relative inexperience
- Personal loss in the last 6 months
- All of the above

The pre-test showed a sprinkling of a, b, c, d answers; the post-test showed 99% answered e., all of the above (correct answer).

## NH Project FIRST Initiatives

NH Project FIRST uses SAMHSA's Strategic Prevention Framework (SPF) to address community needs, guide program initiatives, and evaluate program outcomes. The SPF consists of 5 steps that include

1. Assessment to identify the problem;
2. Capacity to identify and build resources for engagement and readiness;
3. Planning to identify successful prevention efforts;
4. Implementation to ensure that initiatives are implemented as expected; and
5. Evaluation to continuously monitor outcomes and improve program initiatives [\(SAMHSA, 2019\)<sup>12</sup>](#).

When the original grant application was written, a needs assessment identified a frustration on the part of providers at the repeat calls for overdose for the same individuals, and their exasperation at not being able to offer more than a dose of naloxone. At the time, there was a single agency providing most of the access to treatment across the state. That agency, Granite Pathways, was identified as a necessary and willing partner in educating first responders both on the nature of OUD, and on the resources available.

In the first grant year, the State of New Hampshire implemented the Doorways-NH program, in direct response to the challenges within the state in accessing treatment and recovery services. This meant a slight redirection in the guidance to providers in that they were now encouraged to utilize 2-1-1 in an effort to connect patients with the closest suitable 'hub' of a 'spoke and wheel' service model, with 9 portals identified around the state. The curriculum and program materials were revised to reflect this new structure. (SPF steps 1, 2, 3, and 5 achieved.)

The curricula created reflected evidence-based materials from leading sources in the fields of SUD prevention, treatment and recovery, suicide prevention, occupational health and safety, Adverse Childhood Experiences, brain injury, and mental health. To ensure continuity and consistency in the delivery of material, one person on the program team delivered most of the OUD in the 603 classes and two others consistently presented the Stress in Emergency Services

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<sup>12</sup> Substance Abuse and Mental Health Service Administration. (2019, June). *A Guide to SAMHSA's Strategic Prevention Framework*. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

presentations. In addition, a binder containing an annotated printout of the PowerPoint presentation and all of the accompanying program materials and resources was provided to each department, and an electronic version of all materials was provided via a flash drive. (SPF step 4 achieved.)

Paper pre and post-tests and program evaluations were conducted with each education session and were reviewed and then entered into an electronic database for tracking. Because the project was also providing naloxone kits to agencies, careful tracking and chain of custody methods were utilized. Revisions or additions to the project resulted in each program receiving the updated material electronically. Additional learning opportunities were also shared via email. (SPF step 5 achieved.)

Through the grant, the Division supports activities to make an approved drug or device available to first responders to administer in the treatment of a known or suspected overdose; train and provide resources to first responders on emergency response and the administration of such a device; and establish protocols for referral to appropriate treatment. In total, there are three major activities conducted by the program to help conduct outreach, increasing prevention efforts and increasing access to services. These major activities are outlined below.

## Naloxone Distribution

Key to this program is the distribution of naloxone kits to at-risk populations and their support networks via first responders. This is an evidence-based harm reduction strategy that saves lives. In the United States, over 80% of individuals revived using naloxone were revived by an individual that also used drugs ([Wheeler, Jones, Gilbert, & Davidson, 2015](#))<sup>13</sup>. Moreover, law enforcement officers that are trained to carry and administer naloxone increased an at-risk individual's survival rate from an opioid overdose and reduced opioid overdose deaths ([Rando, Broering, Olson, Marco, & Evans, 2015](#))<sup>14</sup>.

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<sup>13</sup> Centers for Disease Control and Prevention. (2015, June 19). *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014*.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>

<sup>14</sup> Rando, J., Broering, D., Olson, J.E., Marco, C., & Evans, S.B. (2015, September). <https://www.ncbi.nlm.nih.gov/pubmed/26095132>



In 2019, grant funding provided 428 naloxone kits to first responders. Those first responders can use these kits to reverse an opioid overdose or give them to at-risk individuals and their family and support networks to prevent an opioid overdose or opioid overdose fatality. Of those kits, 136 were distributed to at-risk individuals or family members.



The kits contain two doses of naloxone; a barrier device for rescue breathing with a one-way valve stored in a key chain pouch; gloves; and Doorway-NH and local resource information to access recovery, treatment and other services. Agencies that participate in NH Project FIRST can customize the information

contained in kits to list local contacts at their Fire/EMS/Law Enforcement agency as well as local recovery, treatment, and support services.

Traditionally, one of the challenges of opioid overdose kit distribution efforts is getting the kits directly into the hands of at-risk individuals and their support networks. This challenge is due to stigma that is associated with substance use disorder. Family members and others may be hesitant to attend community education events and request a naloxone kit, thereby identifying their association with a person with SUD.

NH Project FIRST provides a solution to this challenge. First responders are more likely to encounter individuals actually at risk during overdose calls and calls involving drugs. Additionally, the kit contains information that provides an opportunity for first responders to reinforce the need to call 9-1-1 in the event of an overdose EVEN IF a bystander has a naloxone kit and administers it.

## Mobile Integrated Healthcare Protocol

NH Project FIRST's initial design called for first responder agencies to implement a mobile integrated health (MIH) program per New Hampshire EMS protocol. This protocol authorizes

EMS organizations to get permission from individuals and conduct follow-up visits with at-risk individuals and their families or support systems to provide life-saving training and connections to recovery services. The MIH provides the framework for first responders to perform direct referrals for at-risk individuals, supporting the Division's goal to create and establish a first responder-initiated referral process.

Key components of the MIH include follow-up visits with at-risk individuals and their support networks, issuance of naloxone kits, training, outreach materials, and connections to recovery, treatment and social services through the Doorway-NH.

In 2019, NH Project FIRST communities made 33 successful referrals to treatment services. During follow up visits, first responders trained 31



at-risk individuals and 53 support individuals on opioid awareness, naloxone administration, First Aid and CPR, and the Good Samaritan law. Additionally, 11 referrals were made to other services.

## Naloxone Leave-Behind Initiative

Research to increase capacity revealed that first responder agencies in key areas of the state are interested in NH Project FIRST, but are unable to implement an MIH because they do not have the first responder resources to conduct follow-up visits. This finding presented gaps in program reach to key areas in the state, specifically Coos, Sullivan, Grafton, and Cheshire counties.

As a result, a second method to engage at-risk populations by first responders was needed. This led to the development of the Naloxone Leave Behind initiative within the scope of the NH Project FIRST program. This modification of the original program addressed the varied nature of

first responder service types in New Hampshire, under the premise that there is no one-size-fits-all program for all first responder agencies; flexibility in program implementation is needed.

Providing naloxone to laypersons is safe and cost-effective and it reduces opioid overdose deaths ([Centers for Disease Control and Prevention, 2015](#))<sup>15</sup>. Several states have established Naloxone Leave-Behind initiatives that allow first responders and other agencies to leave naloxone with family or support networks during 9-1-1 or routine calls.

Based on successful research of evidence-based initiatives across the country, the concept of a Naloxone Leave-Behind initiative was presented to and approved by NH Project FIRST Advisory Committee members. The Naloxone Leave-Behind initiative is an adjunct program that



supports the goals and objectives of NH Project FIRST by increasing harm reduction measures to reduce opioid overdoses and opioid overdose deaths. This initiative is aligned with NH Project FIRST objectives to increase naloxone kit distribution and first responder education on opioid use disorder.

The Naloxone Leave-Behind initiative is voluntary and is

available to all eligible first responder agencies in New Hampshire. First responders include New Hampshire Fire/EMS, state/local law enforcement, and other licensed state and local first responders that are likely to encounter at-risk individuals and their support networks during an opioid-related incident.

<sup>15</sup> Centers for Disease Control and Prevention. (2015, June 19). *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons – United States, 2014*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm>

## Meet the Communities

### Concord

Concord was hit hard by the opioid crisis. With over 9,000 calls per year split between 4 stations and 3 ambulances, the stations are frequently empty, so the department could not implement the Safe Station Model which had been developed in Manchester and applied in Nashua as well. The department averages 403 substance abuse-related calls per year, and of those, 80% required transport to the hospital. The City of Concord began expressing interest in developing a Project FIRST Program early in 2018. During that time, Concord Fire Department completed an MIH application and was approved. By August of 2018, Concord completed a program proposal, and in February 2019, they were awarded \$126,999 in grant funding to begin implementing NH Project FIRST.

In 2016, Concord's crews responded to 174 opioid-specific overdose calls and used naloxone on 102 patients. In 2017, the number of overdoses rose to 253, with 148 involving naloxone administrations. The end of 2018 was the first time Concord Fire Department saw a reduction in overdoses since early 2012. Overdoses in the city were down 12% and naloxone administration had dropped 22%.



**Jeff Stewart, Concord Program Director**

Within the first two months, Concord hired a program director and established protocols and processes for patient engagement. By the end of June, 98% of fire department staff was trained on OUD/SUD and planned program implementation. Seventy-two fire department members received Stress in Emergency Services training. Concord had also distributed over 20 kits to persons at risk or their support network during that time.

By the end of September, the program director had trained over 150 people on SUD, naloxone administration, and cardiopulmonary resuscitation (CPR) and distributed over 90 naloxone kits to at-risk individuals and their support networks.

What makes Concord Fire Department's program slightly different from other NH Project FIRST programs is that in addition to providing the first responder and community education, and naloxone kit distribution, Concord Fire fully enrolls patients into their program.

The program director identifies the stage of change the patient is in and any barriers the patient may have to entering a treatment program. Then, working with the patient on a regular basis to overcome the barriers identified, he coaches the person through the stages of change, assists with introduction of or implementation of harm reduction practices, and when that patient is ready, guides him/her into treatment. This process could be a matter of hours or a matter of weeks, depending on the barriers identified and the stage of change the person is in. During 2019, 4 patients were fully enrolled into Concord's program. Several other individuals also reported success with enrollment into Concord's program. Enrollment involves meeting with the at-risk individual where they are and establishing rapport and trust with the patient.

Moving forward, Concord is working on a sustainability model that may help offset the costs of the program. They are also in the process of expanding their program to departments and agencies that comprise the Capital Area Mutual Aid Fire Compact. These communities are also impacted by the opioid/substance use disorder epidemic and have fewer resources than Concord to help at-risk individuals and their support networks make connections due to the rural nature of their towns.

## Salem

Salem is a community severely impacted by opioid misuse. In 2017, the Salem Fire Department responded to over 109 calls for reported overdoses resulting in 62 naloxone administrations. Of these overdoses, 14 were fatal. Like many other New Hampshire agencies, the fire department found themselves in need of a solution.

On May 15, 2019, Salem Fire Department was awarded \$105,829 to begin implementation of a NH Project FIRST program. Salem's program uses off duty personnel from the fire and police department who conduct follow-up visits and outreach after calls involving opioid misuse. These members connect with patients and their families and support networks within 24 hours of the



initial call. In addition, a member of each fire department battalion has been trained to provide immediate response while on duty during calls or to provide resources when requested.

By early July, Salem had trained 52 first responders on OUD in the 603, highlighting the effects of opioid use and helping fire and police department personnel understand opioid use disorder and the opioid crisis. Additionally, personnel began conducting follow-up visits with at-risk individuals, resulting in a successful follow-up with referral to treatment. During the 3rd quarter, Salem expressed an interest in sending members of both departments to recovery



**Salem Fire Department Headquarters**

coach training. Recovery coach training was not an initial element of Salem's grant proposal; however, the first responder agencies quickly identified a benefit to the training.

In September, the Salem program sent a combined 11-person team of fire and police personnel to recovery coach training. The recovery coach training prepared the first responders to work with at-risk individuals and their support networks and motivate them toward recovery. By the end of September, Salem had established their program framework, trained 52 first responders on opioid awareness, trained 11 recovery coaches, and had begun conducting follow-up visits, with 3 successful referrals to services.

## Hooksett

Located between Manchester and Concord on two strategic travel ways, Hooksett is no stranger to the opioid epidemic. In 2017, the fire department responded to over 50 overdose calls, averaging one per week. Tragically, six of those overdoses were fatal. 2018 proved to be just as difficult as the department continued to respond to several fatal overdoses.

In February of 2019, the Town of Hooksett was awarded \$26,344 in grant funding to implement their program. Like the other MIH programs, Hooksett's model centered on staff conducting follow-up visits within 24 hours of a 9-1-1 call. The goal initially was to use off duty personnel on an overtime basis to conduct the calls.

As Hooksett's program progressed, they discovered that when they attempted to conduct follow-up visits with overdose patients, most of them had already left the community. Given the town's location, many of Hooksett's overdose calls involved transient at-risk populations. At-risk individuals coming to Hooksett may visit either for the purpose of using or are passing through traveling to either Concord or Manchester.

This information was valuable for Hooksett in learning about the dynamics of opioid use in their community. Prior to NH Project FIRST, Hooksett responded to opioid calls and transported patients to the hospital; however, there was no follow-up with these individuals. NH Project FIRST provided Hooksett an opportunity to intervene with at-risk individuals and their support networks beyond an overdose. Phone calls with individuals who needed services gave the department the ability to learn about how to better serve their needs. Understanding transient populations allowed the department to reevaluate how they engaged at-risk populations.

Hooksett was the first NH Project FIRST community to receive OUD in the 603 training. In 2019, 24 first responders were trained in OUD in 603 and 23 were trained in Stress in Emergency Services. The fire department conducted 1 community event and 9 follow-up visits with at-risk individuals were attempted. Two support networks were trained on OUD, CPR, and naloxone administration, and 2 naloxone kits were distributed to support networks. Hooksett transitioned from an MIH to a Naloxone Leave-Behind program later in 2019. They are working with the Concord Fire Department, under the Capital Area Mutual Aid Fire Compact, to provide follow-up visits with individuals encountered during 9-1-1 calls.

## Epping

In the fall of 2018, Epping Fire Department applied for grant funding to conduct a regional model approach to provide NH Project FIRST services to at-risk individuals and their support networks in the Seacoast area. Located in the heart of New Hampshire's Rockingham County, Epping is well positioned to serve one of the top counties most devastated by the opioid crisis, Strafford County ([New Hampshire Information & Analysis Center, 2020](#))<sup>16</sup>. In February of 2019, Epping was awarded \$66,905 to implement a regional model for NH Project FIRST.

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<sup>16</sup> New Hampshire Drug Monitoring Initiative. (2020, April 11). *2019 Overview Report*. <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2019-overview.pdf>

Epping's program, the Seacoast Mobile Intervention Response Team (SMIRT), centers



Photo by Dylan Conway www.firenews.org

around two part-time first responders who were trained to conduct follow-up visits and provide outreach within 24 hours of an original call for services. In addition, the staff members directed their efforts at educating the public, and at-risk individuals and support networks on opioid use disorder and the use of naloxone to reverse an opioid overdose.

### **Epping Fire Department Headquarters**

Shortly after their grant funding was approved, Epping program staff began working to seek out and collaborate with community partners and stakeholders to increase the program's reach and effectiveness. By early April, Epping had begun to reach out to the surrounding communities to educate them about their NH Project FIRST services. Nineteen communities in the region agreed to participate in their program, making vital services available to a total population of 138,467.

During 2019, 3 members of Epping's response team participated in recovery coach training classes. The team trained 28 area first responders on opioid awareness, attempted 5 follow-up visits, and conducted a community event where 20 members of the community were trained on naloxone administration and opioid awareness.

At the end of 2019, Epping identified a need to incorporate a Naloxone Leave-Behind model and to partner with their police department as officers often arrive on overdose calls before fire department personnel. The Epping Police Department licensed all of their officers to carry and administer naloxone. This licensure enables their officers to administer naloxone prior to EMS arrival, increasing opportunities to prevent an overdose fatality.

## **Laconia**

Since 2015, the city of Laconia has been hit hard by the opioid epidemic. To address the increase in opioid-related calls, the Laconia Fire Department established a recovery coordinator position in 2016 with the intent to provide outreach and services to at-risk individuals. This need



for recovery services was reaffirmed when in 2017, EMS administered naloxone during 117 calls. In February 2019, Laconia was awarded grant funding of \$15,952 to implement a NH Project FIRST program. Laconia's program provides services using a recovery coordinator and four recovery coaches, with one recovery coach covering each fire department shift. All Fire and EMS personnel on the department can make referrals to the recovery coordinator during or after calls. Additionally, individuals can call the fire department and speak to the recovery coordinator directly to be connected to recovery, treatment, and other services.



**Laconia Fire Department Headquarters**

Laconia's recovery coaches are available during the time of the call and are trained to provide immediate referrals. They can leave naloxone kits, provides training on naloxone administration, CPR and the Good Samaritan law, and connect at-risk individuals and their support networks to the Laconia Doorway and local services. The recovery coaches also serve a unique purpose; they help lead change in how to respond to at-risk individuals and their support networks by teaching their peers about SUD, conducting awareness training, and reducing stigma by guiding pro-recovery conversations.

In quarter two, the recovery coordinator established several valuable connections with local resources and conducted follow-up visits with 3 at-risk individuals, leading to three successful referrals to services. The fire department also held 2 community events to train the public and provide awareness and outreach. By the third quarter, 36 first responders were trained on OUD in the 603 and 35 were trained in Stress in Emergency Services. Laconia reported 2 additional follow-up visits with at-risk individuals that resulted in 2 more successful referrals to treatment.

The most significant factor Laconia reported about the success of their program was the shift in stigma within the fire department. During interviews with Laconia, first responders stated that prior to OUD in the 603 training, there was a lot of misunderstanding among the department members as to why people are overdosing. NH Project FIRST provided first responders with an understanding of the dynamics of SUD as well as present solutions and tools that first responders could use to more effectively combat the epidemic. First responders indicated that they felt NH Project FIRST gave them the ability to not only provide individuals with naloxone, but to provide community resources and help make connections to the road of recovery. During interviews, the four recovery coaches were motivated by the work they had accomplished. In total, their team trained 38 first responders, provided follow-ups to 6 at-risk individuals in their community with 6 successful referrals, and held three community events.

## **Dunbarton**

The town of Dunbarton stands as an example of many towns in New Hampshire. With a population of 2,820, the town is a quiet community that is normally not associated with the opioid epidemic. But even this small town has experienced its share of issues involving substance misuse. The number of opioid overdoses in Dunbarton are too small to share due to privacy concerns; however, one death in a community this small can have a significant impact on the entire community.

Dunbarton applied for grant funding to provide resources to at-risk individuals in the community that would not normally be available. In February of 2019, the community was awarded \$13,716 in grant funding. Dunbarton's program brought together the police and fire departments in a team approach to provide resources and training to the community and help those in need. Their goal was to use a coordinated effort to provide services and resources to individuals and family members struggling with substance use disorder.



**Sgt. Chris Remillard and Lt. Brandon Skoglund of the Dunbarton Police & Fire Departments**

One of the aspects of Dunbarton's program that makes them unique is that they were the first NH Project FIRST program that trained law enforcement officers to become recovery coaches. Dunbarton saw law enforcement's role evolving from an arrest-centered intervention to a recovery-focused intervention through the police department's interaction with at-risk individuals.

The police department became licensed to carry and administer naloxone prior to receiving grant funding. Dunbarton's fire department is staffed by volunteer members so law enforcement officers often arrive on the scene of medical calls prior to Fire and EMS. The ability to carry and administer naloxone gives law enforcement the ability to intervene and begin important lifesaving interventions immediately upon arrival.

Dunbarton reported incredible success with using law enforcement to administer naloxone. During a program evaluation interview, the team described the success they encountered by providing lifesaving interventions. The team described a typical call where police respond to the scene first, then once EMS arrives, EMS personnel take over medical care while officers provide resources to family or friends on scene, or follow up with the patient within 24 hours of the call.

During 2019, Dunbarton trained 20 first responders (all fire and police department personnel) on OUD in the 603 and conducted two community events. The first event, held in April, was a Drug Enforcement Agency Drug Takeback Program with a NH Project FIRST educational

session to teach CPR and naloxone administration, and discuss and distribute recovery and treatment resources. The second event, held in September, was taught by members of the Dunbarton Police and Fire Departments and included opioid education, awareness, and naloxone training. Additionally, in quarter three, one law enforcement officer completed recovery coach training and several other recovery trainings, and provided follow-up visits and training to 4 support individuals of at-risk individuals, resulting in a successful referral to services.

Next year, Dunbarton plans to continue providing services to the community through NH Project FIRST. The police and fire team plans to make the program more universal, not only by addressing the opioid crisis, but by building the program infrastructure to support any crisis or emergency such as suicide, mental health, or other drugs such as methamphetamines.

## Barriers & Challenges

Over the course of the year, the NH Project FIRST program team and communities identified many barriers and challenges to the program. These barriers and challenges were as simple as changing data reporting structures on a form to more complex challenges such as making referrals in an area that lacks specific services in the recovery community. Communities expressed concerns over the amount of paperwork required to apply for and sustain the grant. The NH Project FIRST team worked closely with first responder agencies to streamline many processes and reduce paperwork.

The FR-CARA grant presented a unique challenge in that it was the first grant of this type to be awarded to the New Hampshire Department of Safety. The grant brought unique challenges due to the difference in grant guidance and policies from other grants awarded by the Department of Safety. This was also the first time the Division had received a grant to distribute to sub-recipient communities. Program staff had to build the grant program framework, policies, and procedures from the ground up.

Another challenge involved providing law enforcement with the capacity to carry and administer naloxone. In New Hampshire, under RSA 153-A:11, law enforcement officers must be licensed to provide emergency medical services, which includes administering medications such as naloxone, to the public. The naloxone licensing requirement has hampered the program's

ability to expand services to local and state law enforcement agencies and non-traditional first responder agencies such as New Hampshire Fish and Game and court officers.

Despite these challenges, consistent feedback from the NH Project FIRST communities has been instrumental to improving processes. Program staff developed template documents to shorten the application and MIH process. Several NH Project FIRST communities offered to share their MIH plans, standard operating guidelines, budgets, and proposals to new agencies that expressed an interest in applying for grant funding. These community documents were made available to new applicants without revealing the names of the first responder agencies that supplied the documents. Program staff also improved reporting criteria, application and award processes, and enhanced accounting and compliance procedures.

The state's electronic health record system for EMS, the Trauma and Emergency Medical Services Information System (TEMSIS), remains a critical area where challenges remain. Traditional TEMSIS report formats support emergency calls and traditional 9-1-1 activities. Implementing MIH procedures for reporting through TEMSIS has been challenging; particularly given that each individual program is unique. Program staff continue to work with the TEMSIS team to address this issue.

## **Data Sharing**

A major challenge that remains going into 2020 is data sharing among systems of care in the program communities. While statewide numbers of death and overdose are high, counts per community are small enough that privacy concerns prevent sharing information that might identify specific patients. This challenge prevents first responders from connecting with and referring at-risk individuals that need help.

## **Overdose Trends**

Some communities have seen a decrease in the number of calls for overdoses while also seeing an increase in the number of deaths by overdose, prompting the concern that as naloxone kits become more available in the community, those witnessing an overdose are only calling if the naloxone fails to reverse the overdose. There is consistent messaging by all agencies that individuals should call 9-1-1 for any overdose, whether or not a bystander has naloxone available, but this message may need additional promotion.

## Transient Populations

Very early in the program, first responders attempting follow-up visits learned that many of their at-risk patients did not live within the supported community. This presented a challenge when first responders tried to conduct follow-up visits with at-risk individuals. Often staff found that those individuals live outside the community in which responders operate under and are located within a community that is not participating in a NH Project FIRST program.

## Treatment and Recovery Resources

While there are a variety of recovery and treatment resources available in the state, not all types are offered in every area; insurance requirements can limit enrollment; and some of the identified Doorways have taken more time to fully implement their programs. There are also very limited resources available for teens with SUD, particularly in the way of residential programs.

## Stigma

The communities have support from their administration and identified champions within their organizations to implement their NH Project FIRST programs. However, it was clear during the OUD in the 603 training sessions that some individual responders resist the concept of OUD as a relapsing, reoccurring disease process and continue to think of substance use as a series of bad choices on the part of the patient. Communities indicate that this stigma is also present in communities and are working to educate the public about their programs and OUD.

## Moving Forward into 2020 (FFY20)

The NH Project FIRST program team will continue to work with stakeholders on solutions to challenges. More data on program successes is expected as communities and new program implementations continue to engage the public and fine tune program services. The last few months of 2019 have shown increased interest in NH Project FIRST, especially with the Naloxone Leave-Behind initiative. We will have increased program presence in the Seacoast area with the addition of Hampton, Dover, and Portsmouth. Chester Fire and Police Departments will expand program coverage in Rockingham County. Berlin Fire Department's Naloxone Leave-Behind program is expected to be approved in the first quarter of 2020, representing our



first program in the North Country, a key area of the state with limited resources. Several other first responder agencies are in process for program and grant funding approval.

The question of program sustainability is often asked. In 2020, we will continue to engage and garner support for our program, a critical element to build a sustainable program model. This year, we plan to research two sustainability options for NH Project FIRST and develop a sustainability plan as we move into 2021, the last year of grant funding. Drug trends are changing in New Hampshire. Opioid overdoses and opioid overdose deaths have decreased but other substance misuse has increased in the state. We are also seeing an increase in individuals affected by mental health conditions, which often co-occur with substance misuse. NH Project FIRST provides a robust framework for a first responder system of care that addresses gaps in the current health care system. NH Project FIRST places valuable resources directly into the hands of those that need them and connects individuals to a continuum of care. The program's flexibility fosters a system that can be implemented to address the changing landscape of substance misuse, along with many other public health issues.

## Appendix 1

### 2019 Goals, Objectives, & Outcomes Details

Goals	Objectives	Outcome
<p><u>Goal 1</u>-First responders will have a drug and devices to safely reverse a known or suspected opioid overdose.</p> <p>Provide a drug and device kit to at-risk individuals and their support systems to ensure that an individual suffering from a known or suspected opioid overdose will have an appropriate drug and devices if an opioid overdose occurs.</p>	<p>Distribute at least 350 drug and device kits to at-risk individuals and their support systems each year.</p>	<p>This objective was not achieved for first responders. The intent was to increase the number of law enforcement officers licensed to carry and administer naloxone. First responders licensed as NH EMS providers can carry and administer naloxone.</p> <p>This objective was achieved for at-risk individuals and their support systems.</p>
<p><u>Goal 2</u>-Increase the number of first responders educated and trained to administer an emergency drug and use a device to reverse an opioid overdose.</p>	<p>Train 350 first responders in cardiopulmonary resuscitation, rescue breathing, and the use of a drug and devices to reverse an opioid overdose each year.</p>	<p>This objective was not achieved for first responders. The intent was to increase the number of law enforcement officers licensed to carry and administer naloxone. First responders licensed as NH EMS providers can carry and administer naloxone.</p>
<p><u>Goal 3</u>-Educate first responders on NH CARAS services and referral process.</p>	<p>Refer and educate 350 first responders on NH CARAS services and referral process each year.</p>	<p>This objective was achieved for the Doorway-NH.</p>
<p><u>Goal 4</u>-Educate and train at-risk individuals and their support systems to administer and use an emergency drug and device to reverse the effects of an opioid overdose.</p>	<p>Train 350 at-risk individuals and their support systems in cardiopulmonary resuscitation, rescue breathing, and the use of an opioid overdose antagonist drug each year.</p>	<p>This objective was achieved.</p>



<p><u>Goal 5</u>-Increase first responder understanding of local NH CARAS services available in each of the thirteen public health regions in NH.</p>	<p>By March 2018, NH DOS will collaborate with a grantee to create information pamphlets to be made available to all licensed ambulance services in NH for distribution to at-risk individuals.</p>	<p>This objective was not achieved for all services; only the ones involved in NH Project FIRST.</p>
	<p>By May 2018, the NH DOS in collaboration with NH DHHS will develop awareness level education describing NH CARAS in each public health region and make the training available to all first responders in NH.</p>	<p>This objective was achieved for the Doorway-NH.</p>
<p><u>Goal 6</u>-Establish first responder initiated referral process</p>	<p>By February 2018, the NH DOS and NH BDAS will develop a process for first responder referral to local NH CARAS services</p>	<p>This objective was achieved for the Doorway-NH.</p>
	<p>By July of 2018, the NH DOS and NH DHHS will explore feasibility of first responder diversion of appropriate at-risk individuals from emergency medical services transportation and emergency department evaluation directly to NH CARAS programs.</p>	<p>This objective was achieved for the Doorway-NH.</p>

## Appendix 2

### Subrecipient Program Data Report

NH Project FIRST/SAMHSA FR-CARA Grant

SAMHSA Award No: SP080286

Federal Fiscal Year Ending: September 29, 2019

### Total Program Data from all NH Project FIRST Communities

#### Catchment Information

# of Communities Covered	24
Population Served 2017/2018:	222,785

Data Collection Point	Q1	Q2	Q3	Q4	Total
1st Responders Trained OUD in the 603:	N/A	48	188	45	281
Home Visit Attempts w/ At-Risk Individuals:	N/A	6	14	80	100
Actual Home Visits w/ At-Risk Individuals:	N/A	4	4	80	88
At-Risk Individuals Referred to Treatment:	N/A	4	3	79	86
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	N/A	1	6	77	84
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	3	28	22	53
Number of Naloxone Kits Distributed:	N/A	3	40	93	136
Number of Community Events Held:	N/A	2	3	4	9
Individuals Trained at Community Events:	N/A	6	33	5	44
Individuals Referred to Other Services:	N/A	4	4	3	11

## Concord

Department: Fire Department	<b>Catchment Information</b>	
Type: Full-time	# of Communities Covered:	1
	Population Served (2018):	43,412

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained in OUD in the 603	N/A	0	75	14	89
Follow-Up Visit Attempts w/ At-Risk Individuals	N/A	0	0	76	76
Actual Follow-Up Visits w/ At-Risk Individuals	N/A	0	1	76	77
At-Risk Individuals Referred to Treatment	N/A	0	1	76	77
At-Risk Individuals Trained on Naloxone/CPR	N/A	0	5	76	81
Support Networks Trained on Naloxone/CPR	N/A	0	18	20	38
Number of Naloxone Kits Distributed	N/A	0	23	71	94
Number of Community Events Held	N/A	0	0	3	3
Individuals Referred to Other Services	N/A	0	0	0	0

## Salem

Department: Fire Department	<b>Catchment Information</b>	
Department Type: Full-time	# of Communities Served:	1
	Population Served (2018):	28,554

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained OUD in the 603:	N/A	N/A	52	0	52
Home Visit Attempts w/ At-Risk Individuals:	N/A	N/A	1	2	3
Actual Home Visits w/ At-Risk Individuals:	N/A	N/A	0	1	1
At-Risk Individuals Referred to Treatment:	N/A	N/A	0	1	1
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	N/A	N/A	0	0	0
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	N/A	0	0	0
Number of Naloxone Kits Distributed:	N/A	N/A	0	2	2
Number of Community Events Held:	N/A	N/A	0	0	0
Individuals Trained at Community Events:	N/A	N/A	0	0	0
Individuals Referred to Other Services:	N/A	N/A	1	2	3

**Epping**

Department: Fire Department	<b>Catchment Information</b>	
Department Type: Combination	# of Communities Served:	19
	Population Served: 2017/2018	117,069

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained OUD in the 603:	N/A	3	25	0	28
Home Visit Attempts w/ At-Risk Individuals:	N/A	2	3	1	6
Actual Home Visits w/ At-Risk Individuals:	N/A	1	1	2	4
At-Risk Individuals Referred to Treatment:	N/A	2	1	2	5
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	N/A	0	1	0	1
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	3	1	1	5
Number of Naloxone Kits Distributed:	N/A	2	2	11	15
Number of Community Events Held:	N/A	0	1	0	1
Individuals Trained at Community Events:	N/A	0	20	0	20
Individuals Referred to Other Services:	N/A	1	0	0	1

## Hooksett

Department: Fire Department	<b>Catchment Information</b>	
Department Type: Full-time	# of Communities Served:	1
	Population Served (2018):	14,428

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained OUD in the 603:	N/A	24	0	30	54
Home Visit Attempts w/ At-Risk Individuals:	N/A	1	8	0	9
Actual Home Visits w/ At-Risk Individuals:	N/A	0	0	0	0
At-Risk Individuals Referred to Treatment:	N/A	0	0	0	0
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	N/A	0	0	0	0
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	0	2	0	2
Number of Naloxone Kits Distributed:	N/A	0	2	0	2
Number of Community Events Held:	N/A	0	0	0	0
Individuals Trained at Community Events:	N/A	0	0	0	0
Individuals Referred to Other Services:	N/A	0	0	0	0

## Laconia

Department: Fire Department	<b>Catchment Information</b>	
Department Type: Full-time	# of Communities Served:	1
	Population Served (2018):	16,492

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained OUD in the 603:	N/A	1	36	1	38
Home Visit Attempts w/ At-Risk Individuals:	N/A	3	2	1	6
Actual Home Visits w/ At-Risk Individuals:	N/A	3	2	1	6
At-Risk Individuals Referred to Treatment:	N/A	2	1	0	3
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	N/A	1	0	1	2
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	0	3	1	4
Number of Naloxone Kits Distributed:	N/A	1	3	3	7
Number of Community Events Held:	N/A	2	1	0	3
Individuals Trained at Community Events:	N/A	6	2	0	8
Individuals Referred to Other Services:	N/A	3	2	1	6



## Dunbarton

Department: Police & Fire Department	<b>Catchment Information</b>	
Department Type: Combination	# of Communities Served:	1
	Population Served (2017):	2,830

<b>Data Collection Point</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
1st Responders Trained OUD in the 603:	N/A	20	0	0	20
Home Visit Attempts w/ At-Risk Individuals:	N/A	0	0	0	0
Actual Home Visits w/ At-Risk Individuals:	N/A	0	0	0	0
At-Risk Individuals Referred to Treatment:	N/A	0	0	0	0
At-Risk Individuals Trained on Naloxone/CPR 1st Aid:	NA	0	0	0	0
Support Networks Trained on Naloxone/CPR 1st Aid:	N/A	0	4	0	4
Number of Naloxone Kits Distributed:	N/A	0	10	6	16
Number of Community Events Held:	N/A	0	1	1	2
Individuals Trained at Community Events:	N/A	0	11	5	16
Individuals Referred to Other Services:	N/A	0	1	0	1

# **NH Project FIRST Communities 2019 – May 2020 and Overdose Deaths by Town\* - 2019 + (Data Source: NH Medical Examiner's Office)**

\*Location where the drug(s) is suspected to have been used.

+2019 data was reported on April 8, 2020  
There are more deaths that are suspected  
to be drug related, but the official cause of death is pending  
until the toxicology results are received.

5 CASES PENDING  
14 Cases have an unknown location



## INDEX

Belknap	Hillsborough
1 - Center Harbor	18 - Bewington
Canterbury	Rockingham
2 - Hales Location	19 - South Hampton
3 - Harts Location	20 - Seabrook
Coos	21 - East Kingston
4 - Hadley Purchase	22 - Kensington
5 - Beans Grant	23 - Hampton Falls
6 - Cutts Grant	24 - Hampton
7 - Sargent's Purchase	25 - North Hampton
8 - Piddams Grant	26 - Rye
9 - Crawfords Purchase	27 - Portsmouth
10 - Chandlee Purchase	28 - New Castle
11 - Low & Burbanks Grant	29 - Nottingham
12 - Thompson & Meserve Purchase	Stratford
13 - Greene Grant	30 - Rollinsford
14 - Martins Location	31 - Somersworth
15 - Erving's Grant	
16 - Wentworth Location	
17 - Atkinson & Gilman Academy Grant	



Prepared by:  
NH Information &  
Analysis Center

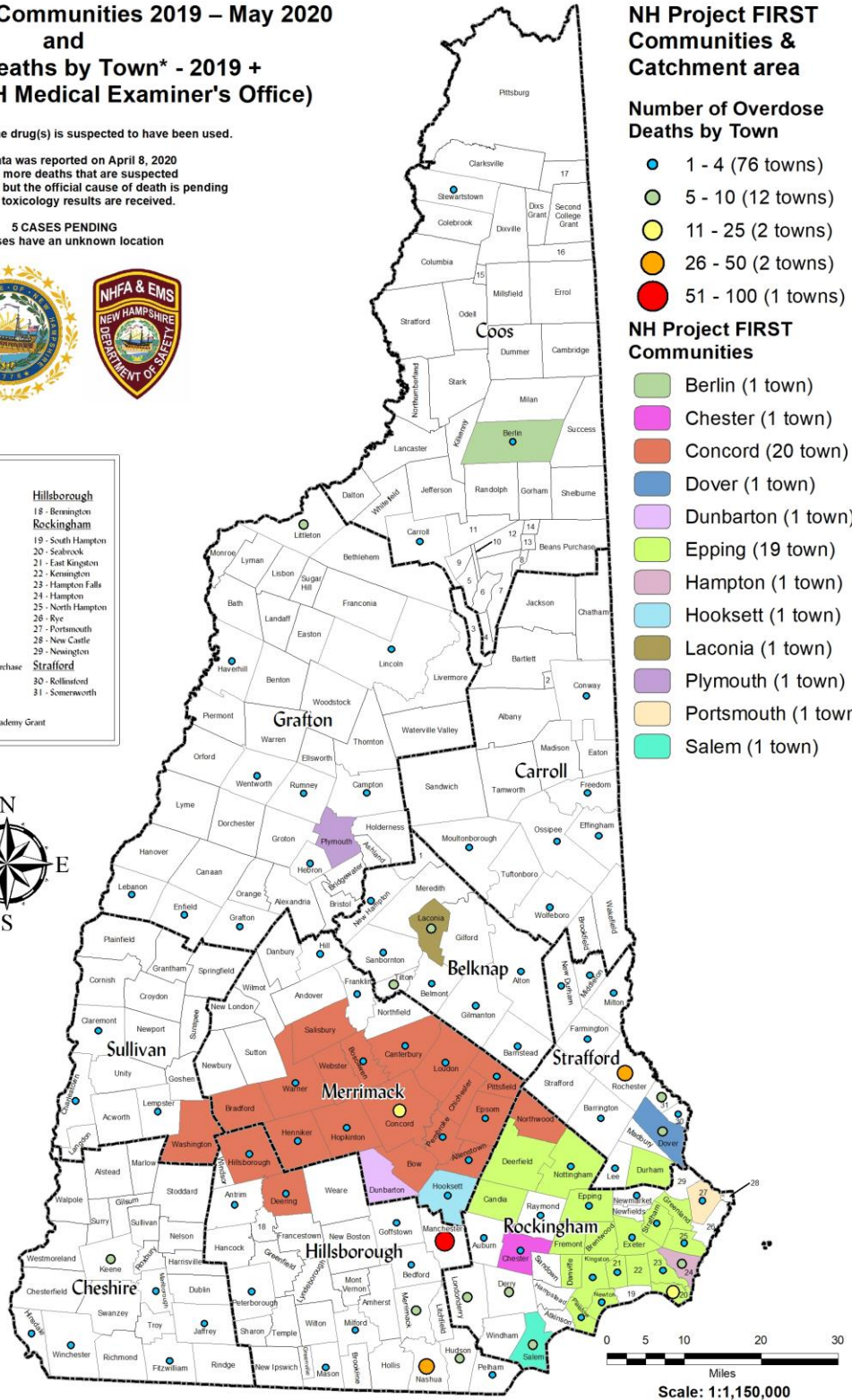
## NH Project FIRST Communities & Catchment area

### Number of Overdose Deaths by Town

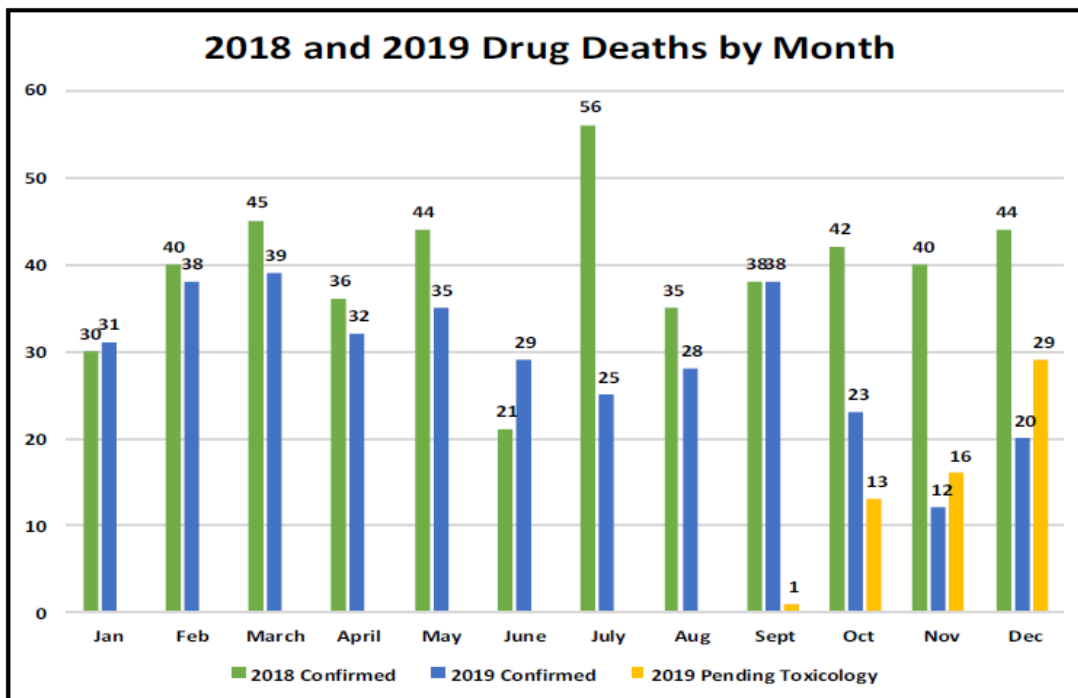
- 1 - 4 (76 towns)
- 5 - 10 (12 towns)
- 11 - 25 (2 towns)
- 26 - 50 (2 towns)
- 51 - 100 (1 towns)

### NH Project FIRST Communities

- Berlin (1 town)
- Chester (1 town)
- Concord (20 town)
- Dover (1 town)
- Dunbarton (1 town)
- Epping (19 town)
- Hampton (1 town)
- Hooksett (1 town)
- Laconia (1 town)
- Plymouth (1 town)
- Portsmouth (1 town)
- Salem (1 town)



Drug Data Update from the Office of the Chief Medical Examiner as of 2/27/2020



*New Hampshire Office of Chief Medical Examiner*